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WHY, WHEN, AND HOW TO BATHE A FEVER PATIENT*

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I do not remember who it was that wrote "Cleanliness is indeed next to godliness," but I do know that a nurse in training has a great deal of work in that line to do, and I have often wondered if the doctors really knew what it meant when they said "give the patient a bath."

When I first commenced in the training school I had a very obscure idea of what "the bath" was for; but after three years of work, both in and out of the hospital, I have concluded that baths are given, first, for cleanliness or to remove the dirt and dead epithelium; second, as an antipyretic or to reduce fever; third, to stimulate the function of the skin by reaction, increase the activity of the respiratory and circulatory organs; fourth, as a sedative.

When, one day, I heard one of the attending physicians remark that baths, properly applied, exert a tonic, eliminative, and antipyretic action, and that hydrotherapy played a most important rôle in the management of acute and chronic diseases, I began to realize that to keep my patients clean was not the only object of "the bath."

In brief, I was ordered to bathe my patients to promote cleanliness, to stimulate them, to quiet them, and to reduce temperature. If the patient needed stimulating, often the order was a cold bath. If the patient was very nervous, a warm bath was ordered, and if temperature was running very high, the order was either a hot or a cold bath, according to the nature of the case.

I learned to give the full bath, the half bath, the sponge bath, the spray bath, the sitz bath, the Turkish bath, the Russian bath, the sheet bath, the salt bath, the mustard bath, the hot vapor bath, the cold douche, the hot pack, the wet pack, the cold pack,—these with various modifications,—and the carbonated bath; until I began to think, as one of the attending physicians jocularly remarked one day, in a "hydrotherapeutic circle."

However, as my subject is "Why, When, and How to Bathe a Fever Patient," I will take up only those baths which are most generally used

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in fever cases and not explain the different methods of giving baths in other diseases.

The full bath may be taken cold, tepid, or hot. I have been taught to give the cold bath from 50° to 75° F.; tepid, from 75° to 95° F.; warm, from 95° to 104° F.; hot, from 104° to 114° F. However, these rules are not arbitrary, and may be varied according to the condition of the patient.

The full bath is given in a tub full of water, or a sufficient amount to completely immerse the patient when he is lying down. This bath is sometimes used in typhoid fever. To give this bath warm and cold, the patient is put in a tub with water at a temperature of 100° and the water is gradually cooled to 80°, the trunk and extremities being rubbed while he is in the water, or he is stimulated with hot water and whiskey. This bath was ordered in collapse and was to last from ten to thirty minutes.

The manner in which we were ordered to give the celebrated Brand bath in typhoid fever was as follows: "The bath-tub is brought to the side of the bed and the patient lifted into it by two attendants so that the entire body is submerged, the head being supported on a rubber pad. Cold water is poured over the head and face during the immersion, or an ice cap applied to the head, and the entire body, with the exception of the abdomen, briskly rubbed during the entire duration of the bath. We were ordered to begin with water at 68° F., reducing the temperature at subsequent tubbings as low as 59° F. The duration is from ten to twenty minutes, according to the patient's reactive power, and the bath is repeated every three hours, day and night, regardless of sleep, so long as the rectal temperature exceeds 102.2° F. Before and after the bath the patient receives a glass of whiskey or aromatic spirits of ammonia (this is the usual rule). The patient is lifted out of the tub at the end of the bath and wrapped in blankets for half an hour, when the temperature is again taken, to note the effect of the bath."

The cold pack is another method used in persistent high temperature. The patient is enveloped in a sheet wrung out of warm water, and ice is rubbed over the entire covered body, while he lies upon a blanket in a bed protected by a rubber sheet. Hot water bags may be placed at his feet. Our instructions were to use this method only in extreme cases. Cold baths and cold packs should be applied with great caution and good judgment.

In giving the cold tub bath in typhoid fever, when we immersed the entire body (at a temperature of 95° to 70° F.) we were ordered to keep up active friction during the bath in order to bring fresh quantities

of heated blood to the surface. An ice bag should be applied to the head, and a stimulant may be administered before and after, if necessary.

SPONGING IN BED.—Of the many methods used, it is probable that the sponge bath, cold or tepid, is the most used, and one of the safest and most preferable. It is stimulating, tonic, antipyretic, and sedative. It is less apt to excite the nervous patient, and devoid of the danger of collapse, which often presents in the weak.

Preparation of the Bed.—A rubber sheet should be placed under the patient, and over this should be placed a woollen blanket. Some use simply an ordinary domestic sheet over the rubber sheet; but a blanket is to be preferred, because a woollen blanket will not feel damp and soggy like a sheet. Remove all clothing and place a woollen blanket over the patient. When about to commence to sponge a fever patient, we must first note the exact temperature of the body. The room should be heated to a temperature of 80°.

Some physicians have ordered me to first sponge the body with water at a temperature of 80° F. before beginning the use of the cold water, claiming that in this manner we avoid shock.

A basin containing equal parts of alcohol and tepid water, or cold water as desired, or vinegar and water (75° to 95° F.) is then placed on a chair beside the bed. Ammonia, cologne water, or vinegar added to the water makes it more cooling by its rapid evaporation. Also place beside the bed basins, sponges, and towels, or anything that may be required, as under no circumstances should a patient be left alone until the bathing is finished.

Commence at the head and sponge rapidly downward, exposing only one limb at a time. The sponge should be dipped frequently in the basin, and not squeezed too dry, as it is necessary, in order to get the full benefit of the bath, to apply plenty of the solution to the skin. The patient must be well protected by the blanket and only a small portion of the body should be exposed at one time. I deprecate the use of just a single sheet over the body while bathing, and prefer the blanket, because it does away, to a great extent, with the danger of the patient becoming chilled or catching cold.

When the whole body has been sponged, the skin should be dried with a soft towel and the gown replaced; or the patient wrapped in a warm dry blanket and left for thirty minutes, an hour, or even longer. The temperature may then be taken to ascertain how much the fever has been reduced.

A hot water bottle should be kept at the patient's feet during cold sponging, as with the feet warm there is less fear of chill or collapse

from shock. We must never forget that in a fever patient, as in all others, it is often the unexpected that happens, and that the danger of collapse is ever present. Sometimes my orders have been to continue bathing the patient thirty and even fifty minutes in order to reduce the temperature before leaving him. (If the patient is not nervous or excitable, and help is present, instead of sponging the patient so long at a time a full tub bath would be better, and there would be less danger of cold or collapse to the patient.) After cold sponging I have known the temperature to fall from one to four or even five degrees. The colder the water is the sooner the reaction takes place.

Another method of sponging which I have been ordered to use is by wringing towels out of cold water, dry enough not to drip, and placing them one after another, from the neck downward. When the feet have been reached, begin again at the head and renew each in succession, and continue as long as necessary. I have used this method on very nervous patients, with high temperature, and in twenty or thirty minutes the nervousness would be allayed and the temperature reduced.

In continued high temperature I have placed a sheet wrung out in cold water, starting at 100° F. and reducing to 80° or 70°, by placing the sheet around the body from the armpits to the pelvis, under a blanket, and keeping it there for fifteen or twenty minutes, with splendid results.

I have found the hot sheet wet pack, as described by Piernitz, very effective in many typhoid fever cases, especially in nervous, intractable children.

A warm mustard bath at 80°, 100°, or 105° F. is also well borne by nervous and peevish children, and is an excellent means of starting or favoring the elimination of toxic material. This bath is used mostly with children, and is best prepared by placing an ounce of mustard in a muslin bag and throwing it into the bath. This bath will dilate the superficial capillaries, produce a sense of warmth, allay nervousness and insomnia, and also reduce the temperature.

I have found that when I have been called to nurse a patient, several miles in the country, away from the conveniences of the hospital and cut off from communication with the attending physician, many emergencies arise that were undreamed of, and which try all the skill, nerve, and knowledge that a nurse can summon to her aid. Then it is that I learn the value of hospital training and hospital work.